

**NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS**  
**Application for Privileges**  
**N.J.A.C. 13:35-4A.12**

**UROLOGY**

**Urological Procedures**

**PRIVILEGE CRITERIA**

**1. Attestation (Attachment 1 - in attestation format provided)**

I am demonstrating clinical experience by attesting, in Attachment 1, to the number and type of procedures in urology which I performed in the last two years with acceptable results for patients of all age groups, except age groups specifically excluded from my practice, **plus** through additional material below.

**2. Training (Attachments 2A and, depending upon privileges requested, Attachments 2B and 2C)**

I am providing, as Attachment 2A, documentary evidence of **one** of the following:

(1) Current certification in urology granted by the American Board of Urology or the American Osteopathic Board of Surgery or any other certification entity that is demonstrated by the applicant to have standards of comparable rigor, **OR**

(2) Successful completion of an ACGME/AOA accredited residency training program in urology, **OR**

(3) Supervised training in residency or fellowship or other equivalent experience in \_\_\_\_\_ **(another field) AND** active participation in examination process leading to certification in urology.

**Use of Laser (Attachment 2B):**

In addition to documentation of general surgical training, for privileges for use of laser, I am providing, as **Attachment 2B**, documentary evidence of **one** of the following:

(1) Completion of a laser training program sponsored by an ACCME or AOA accredited provider of Category I CME documenting laser care, physics and clinical indications for utilization of the specific laser **and successful performance of laser procedures using the specific laser under direct clinical supervision**, or

(2) Documentation from the program director of an accredited residency training program attesting to the training in specific laser therapy during residency training.

**3. Record Review/Clinical Observation (Attachment 3 - in format provided):**

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**References - Names, addresses and specialty, residency or observation only**

I am providing the names, addresses and specialty of three plenary licensed physicians who will directly submit references addressing my current competence based on their personal knowledge obtained either during a residency training completed during the two years preceding the date of this application or through personal observation during the two years preceding the date of this application.

**A. Reference for Requested Procedure(s) requiring additional training**

I am providing, as Attachment 3A, the name, address and specialty of a privileged physician who has directly observed my successful performance or participation in the **requested** procedure(s) **AND**

whom I have asked to directly submit a reference addressing my current competence based on their personal knowledge obtained through personal observation of my successful performance or participation in the requested procedure.

**4. Log of procedures (Attachment 4A, for each privilege requested - in format provided)**

I am providing, as Attachment 4A, a **separate log** listing all patients for whom, in an office setting or licensed ambulatory care facility setting during the two years preceding the date of the application, I performed each of the procedures for which I am requesting privileges. The log includes a patient number, the type of anesthesia service provided, the surgery or special procedure performed and the date(s) of service. Patient names and other identifying data are redacted.

I am maintaining **in my office** a list or other means to identify the patient, based on the number included in the log.

Within each log, I have identified any patients contained in the log who have experienced complications relating to my performance of surgery or special procedures in an office setting or licensed ambulatory care facility setting and their resulting outcomes.

As part of the application for privileges process, from the logs I am providing, at least 5 cases, **with personal identifiers redacted**, that are representative of the type of procedures for which I requested privileges will be selected and I will be asked to provide patient records (or pertinent portions), along with a completed case summary form for each.

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**DELINEATION OF PRIVILEGES**

I have checked the column on the left of those privileges listed below to indicate those procedures for which I do not hold hospital privileges and for which I am requesting alternative privileges to perform these procedure(s) in the office setting. I have attached additional materials, including documentation of successful completion of additional

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

training, as was noted above as Attachments 2B and 3A, if I am requesting privileges for the specific procedure which requires additional training, including use of laser.

**Requested Privileges**

\_\_\_\_\_ Cystoscopy and retrograde pyelography -with biopsy and fulguration - see also laser  
\_\_\_\_\_ Surgery of the testes and appendages - vesicles, vas and cord  
\_\_\_\_\_ Lithotripsy - see also laser  
\_\_\_\_\_ Cystotomy  
\_\_\_\_\_ Prostatic biopsy  
\_\_\_\_\_ Fulguration for neoplastic disease - see also laser  
\_\_\_\_\_ Other - Please specify and provide supporting documentation on a separate page: \_\_\_\_\_

**Use of Laser: (Generally not indicated for in-office practice.) Requires additional training in laser**

\_\_\_\_\_ Cystoscopy and retrograde pyelography – with biopsy and fulguration: NdYAG and Holmium  
\_\_\_\_\_ Lithotripsy: Holmium and Candela  
\_\_\_\_\_ Fulguration for Neoplastic disease: NdYAG and Holmium (for bladder).

*Please specify procedure(s) and laser (for each) and provide supporting documentation on a separate page: \_\_\_\_\_*

\_\_\_\_\_

**I certify that my attestation of the number of procedures and any materials provided incident to this form (i.e. “supporting documentation”) are true and accurate. I am aware that if any of the foregoing statements made by me or if the materials submitted by me are willfully false, I am subject to punishment.**

\_\_\_\_\_  
Signature and printed name of Applicant

\_\_\_\_\_  
Date

Below this line for Administration Use Only

**Application Tracking Record**

Initial Receipt Date of Application \_\_\_\_\_  
Transmittal Date to Outsourcing Entity \_\_\_\_\_  
Supplemental Information Requested \_\_\_\_\_  
Supplemental Information Received \_\_\_\_\_  
Outsourcing Entity Recommendation \_\_\_\_\_  
Outsourcing Entity Reviewer \_\_\_\_\_

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Board Committee Review Date

\_\_\_\_\_

Board Disposition Date

\_\_\_\_\_

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_